

Invitation of Quotation

For

Medicines

At

All India Institute of Medical Sciences, Jodhpur

Issue Date : 01st December, 2018
Inquiry No. : Admin/Gen./Medicine/150/2018-AIIMS.JDH
Last Date of Submission : 07th December, 2018 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur, Rajasthan-342005.

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Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of medicine for the Institute as per terms & conditions mentioned below. The filled quotations along with all required document must reach in the office of the undersigned on or before 07th December,2018, 05:00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR MEDICINE IN YELL FEVER & VACCINATION
CENTER 1ST FLOOR B BLOCK. INQUIRY**

**No.Admin/Gen./Medicine/150/2018-AIIMS.JDH” DUE ON 07th December, 2018,
05:00 PM”.**

Terms & Conditions:

1. The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible.
2. Quotations must be in the enclosed prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
3. Rates must be quoted as per the format specified Taxes extra if any must be written separately.
4. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
5. The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
6. Bidder must quote product for only one company and should mention the specific company name, if bidder will quote for more than one company, the bid will be treated as unresponsive and will not be considered for further process.
7. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
L1 will be decided on individual item basis.
8. RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
9. The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
 - a. Firm shall be registered with the Government of Rajasthan / Central Government.
 - b. The firm shall have valid VAT/ Sales Tax No. and IT PAN.
 - c. **The firm should not be black listed by any Govt. Agency/Dept.**
10. Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.

11. The supplier may be asked to submit a sample of the product(s), which will be evaluated by a technical evaluation committee. The expenditure incurred for demonstrating the items will be borne by the supplier.
12. **Delivery Period** – 15 days from the date of supply order.
13. **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
14. **Payment Terms:** Payment will be made only after satisfactorily delivery, commissioning and inspection of material by the AIIMS Jodhpur.
15. **Disputes:** -In the event of any dispute or disagreement arising between the Supplier and any other department of AIIMS Jodhpur with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Jodhpur whose decision will be final and binding upon the Supplier.
16. AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Jodhpur will be final in this regard.
17. AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.
18. **Replacement of near expiry/ slow moving/ non-moving items:**
It will be responsibility of supplier to get status of slow/ non-moving inventory for replacement purposes from stores on quarterly basis or at a higher frequency. If company fails to replace such slow moving/ non-moving stocks in time, Institute will retain the right to identify such stocks any time during the contract period and return the same to the company. If supplier failed to replace stock Institute will take necessary action.

**Administrative Officer
AIIMS, Jodhpur**

Encl.: Annexure 1 (Format of Price Bid)

[On the letterhead of firm]

ANNEXURE - I
PRICE BIDFORM

To,
Administrative Officer,
AIIMS Jodhpur.

Dear Sir,

I/We Submitted the quotation for Enquiry No. “**QUOTATION FOR MEDICINE IN YELL FEVER & VACCINATION CENTER 1ST FLOOR B BLOCK. AGAINST INQUIRY NO. Admin/Gen./Medicine/150/2018-AIIMS.JDH**” DUE ON 07th December, 2018, 05:00 PM for Supply of Medicine at AIIMS Jodhpur”.

1. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
2. I/We hereby offer to supply at the following rates.

S. NO	Drugs Name	Specification	Qty	M a k e	PRICE/UNIT EXCLUSIVE OF TAX(INR)	GST/VAT/GST/ST/OTHER TEXES	Price/ Unit inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)	MRP
1	Vaccine Pneumococcal	Pneumococcal 13 Valent Conjugate Vaccine for Intramuscular use	25						
2	Vaccine Pneumococcal	Polyvalent 23 Valent for Intramuscular use	25						
3	Vaccine Typhoid	VI Capsular Polysaccharide Vaccine for Intramuscular use	100						
4	Tdap Vaccine (Adult Vaccine)	Diphtheria Toxoid, Acellular Pertussis & Tetanus toxoid Vaccine	10						
5	Polio Vaccine	Oral Polio Vaccine	10						
6	Td Vaccine (Adult Vaccine)	Diphtheria Toxoid & Tetanus Toxoid	10						

Date _____

Place _____

(Signature of Authorized Person)_____

(Name)_____

Name of Firm/Company/Agency_____

Phone No._____

Email:_____